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Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

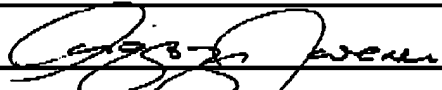
In re Application of: ALZA Corporation	
Application No. 10/674,626	
Filed: September 29, 2003	
Title: DRUG DELIVERY DEVICE AND METHOD HAVING COATED MICROPROJECTIONS. INCORPORATING VASOCONSTRICTORS	
Attorney Docket No. ARC3061R1	Art Unit: 1614

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
RALPH FRANCIS	38,884

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Signature		Date 5/25/05
Name	Angela Nwaneri	Registration No., if applicable 34,229
Telephone	1-650-564-2024	

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.